

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment						Work Assignment Number 4-47				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-D-14-032			Contract Period 09/16/2014 To 09/15/2019 Base Option Period Number 4			Title of Work Assignment/SF Site Name Develop & Support BenSPLASH				
Contractor INDUSTRIAL ECONOMICS, INCORPORATED					Specify Section and paragraph of Contract SOW 2, 14					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval						Period of Performance From 09/16/2018 To 09/15/2019				
Comments: The work plan and cost estimate dated 10/09/2018 have been received, reviewed, and approved for 1,188 hours and \$165,136.69. No previously performed work shall be duplicated.										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
SFO <input type="checkbox"/> Note: To report additional accounting and appropriations date use EPA Form 1900-69A. (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		\$0.00		LOE:		0		
09/16/2014 To 09/15/2019										
This Action:				\$165,136.69				1,188		
Total:				\$165,136.69				1,188		
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:		10/09/2018		Cost/Fee		\$165,136.69		LOE: 1,188		
Cumulative Approved:				Cost/Fee		\$165,136.69		LOE: 1,188		
Work Assignment Manager Name Joel Corona						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 202-564-0006				
						FAX Number:				
Project Officer Name Carolyn Blake						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 919-541-5256				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name Natalia Fisher-Jackson						Branch/Mail Code:				
_____ <i>Natalia Fisher Jackson</i> 11/15/18 (Signature) (Date)						Phone Number: 919-541-3564				
						FAX Number:				